

PART B - FEE(S) TRANSMITTAL

Complete and ~~send~~ this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24247 7590 12/27/2006

TRASK BRITT
P.O. BOX 2550
SALT LAKE CITY, UT 84110

F
P
h

NOTICE OF EXPRESS MAILING

1 S Express Mail Mailing Label Number: EV962536306US
 a
 t Date of Deposit with USPS: March 21, 2007
 Person making Deposit: Cat Bratton

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/691,237	10/19/2000	David S. Wells	085747/0170	5026

TITLE OF INVENTION: SUSTAINED-RELEASE FORMULATIONS FOR TREATING CNS-MEDIATED DISORDERS

01 FC:1501 1400.00 0P
 02 FC:8001 30.00 0P

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	03/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANNAVAJJALA, LAKSHMI SARADA	1615	424-468000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list <input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>TraskBritt, PC</u> 2 _____ 3 _____
---	---	---

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NPS PHARMACEUTICALS, INC.

Salt Lake City, Utah

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check is enclosed.
<input type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>20-1469</u> (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Edgar R. Cataxinos

Date March 21, 2007

Typed or printed name Edgar R. Cataxinos

Registration No. 39,931

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Wells et al.

Serial No.: 09/691,237

Filed: October 19, 2000

For: SUSTAINED-RELEASE
FORMULATIONS FOR TREATING CNS-
MEDIATED DISORDERS

Confirmation No.: 5026

Examiner: L. S. Channavajjala

Group Art Unit: 1615

Attorney Docket No.: 1959-7464.1US

Notice of Allowance Mailed:

December 27, 2006

NOTICE OF EXPRESS MAILING

Express Mail Mailing Label Number: EV962536306US

Date of Deposit with USPS: March 21, 2007

Person making Deposit: Cat Bratton

TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants submit herewith Part B - Fee(s) Transmittal for the above-captioned application and a check in the amount of \$1430.00 in payment therefor plus ten (10) copies of the patent when issued.

Applicants understand that no additional fees are required. However, if the Office determines that any comparison fees or other additional fees are required, the Commissioner is

authorized to charge any such fees to TraskBritt Deposit Account No. 20-1469. A copy of this Transmittal Letter is enclosed for deposit account charging purposes.

Respectfully submitted,



Edgar R. Cataxinos
Registration No. 39,931
Attorney for Applicants
TRASKBRITT
P.O. Box 2550
Salt Lake City, Utah 84110-2550
Telephone: 801-532-1922

Date: March 21, 2007

ERC/djp:tlp

Enclosures: Part B - Issue Fee Transmittal
Check No. 23577 in the amount of \$1430.00
Copy of Transmittal Letter
Amendment Pursuant to 37 C.F.R. § 1.312
Comments on Statement of Reasons for Allowance

Document in ProLaw